

UTAH DIVISION OF RADIATION CONTROL

REQUEST FOR PUBLIC INFORMATION

<i>Name of Requestor</i>		<i>Business Name</i>	
<i>Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>()</i> <i>Phone #</i>
<i>SIGNATURE</i>		<i>DATE</i>	
<i>(NOTE: The requestor's signature indicates that any charges for copies made will be paid by the requestor)</i>			
COPY POLICIES: <ul style="list-style-type: none">The cost of copies made <u>for the requestor, by a DEQ employee</u>, is \$.25 per side copied (the first 10 copies are free).The requestor may arrange for a copy service to copy documents in the Division of Radiation Control Office.The requestor may request the Division of Radiation Control to take the documents to a copy service for copying.The requestor may be required to pay a deposit on estimated fees before beginning to process a copy request if copy fees are expected to exceed \$50. (UCA 63-2-203-8)			
<u>REQUEST TO REVIEW AND/OR COPY THE FOLLOWING PUBLIC RECORDS:</u> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>			
<div style="text-align: center;"><p>For an appointment to view files please call, mail, or FAX your request to:</p><div style="display: flex; justify-content: space-between;"><div>Division of Radiation Control P.O. Box 144850 (168 North 1950 West, Rm. 212) Salt Lake City, Utah 84114-4850</div><div>PHONE: (801) 536-4250 / FAX: (801) 533-4097</div></div></div>			
AGENCY USE ONLY			
Date of Request: _____ GRAMA Approval: _____ Date Reviewed: _____			
No. of Copies _____ Fee Due: \$ _____ (First 10 free) Check _____ /Cash _____			
Date Picked Up: _____ Date Mailed: _____ By: _____ File Returned By: _____			